DOCUMENT RESUME

ED 469 500 HE 035 326

TITLE	Candidacy: Handbook for Applicants and Candidates for Accreditation. Seventh Edition.
INSTITUTION	Middle States Commission on Higher Education, Philadelphia, PA.
PUB DATE	2002-00-00
NOTE	38p.
AVAILABLE FROM	Publications Department, Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104 ($3.50). Fax: 215-662-5501. For full text: http://www.msache.org/pubord.html.
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	EDRS Price MF01/PC02 Plus Postage.
DESCRIPTORS	*Accreditation (Institutions); *Accrediting Agencies; *Colleges; Criteria; Eligibility; Higher Education; *Institutional Evaluation; *Peer Evaluation
IDENTIFIERS	*Applicants; *Self Regulation

ABSTRACT

This handbook outlines the requirements for applicants and candidates for accreditation by the Middle States Commission on Higher Education. Accreditation is the means of self-regulation and peer review adopted by the educational community. Middle States' accreditation is an expression of confidence in an institution's mission and goals, its performance, and its resources. Based on the result of institutional review by peers and colleagues assigned by the Commission, accreditation attests to the judgment of the Middle States Commission on Higher Education that an institution has met its criteria. The handbook contains these chapters: (1) "Overview"; (2) "Eligibility Requirements"; (3) "Applying for Candidacy"; (4) "The Candidacy Period"; (5) "Initiation of Self-Study"; and (6) "Fees and Other Costs." One appendix contains the mission statement of the Middle States Commission on Higher Education, and the others contain "Standards at a Glance" and an evaluation worksheet. (SLD)

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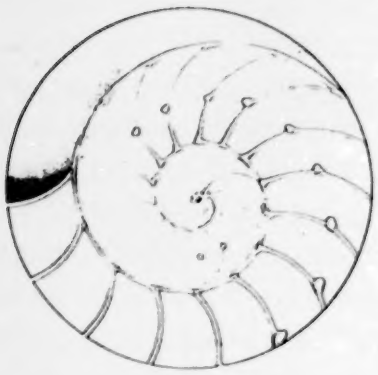

CANDIDACY

HANDBOOK *for* APPLICANTS AND CANDIDATES FOR ACCREDITATION

SEVENTH EDITION

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SEVENTH EDITION

Middle States Commission on Higher Education

Published by the

Middle States Commission on Higher Education
3624 Market Street
Philadelphia, PA 19104

Telephone: (215) 662–5606
Fax: (215) 662–5501

www.msache.org

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Seventh edition

First Edition, 1965; Second Edition, February 1984;
Third Edition, 1990; Fourth Edition, June 1994;
Fifth Edition, November 1996; Sixth Edition, December 1997;
Seventh Edition, September 2002.

Cover design by ModernGraphics

Permission is granted to colleges and universities within the jurisdiction of the Middle States Commission on Higher Education to photocopy this handbook for the purpose of institutional self-study and peer review. The text of this handbook also may be downloaded from the Commission's website. Bound copies may be purchased through the publications order form, also available on the website.

Printed in the United States of America.

4

Contents

I. Overview 1

II. Eligibility Requirements 3

III. Applying for Candidacy

Phase 1 - Eligibility Requirements 6

Additional Materials,
Review of Responses to Eligibility Requirements and Staff Visit

Phase 2 - Self-Assessment Document and Team Visit 11

Self-Assessment Document, Applicant Assessment Team Visit,
Exit Interview, Voluntary Withdrawal of Application,
Applicant Assessment Team Report, Chair's Brief,
Institutional Response to the Assessment Report,
Commission Decision on the Application for Candidate Status,
Reapplication

IV. The Candidacy Period

Responsibilities of Candidate Institutions 18

Reference to Candidate Status in Institutional Publications,
Requirements of Candidates

Appointment and Responsibilities of a Consultant 20

Consulting Visits, The Consultant's Report

Review of Candidate Status 22

The Status Review Visit, Loss of Candidate Status

Accreditation Liaison Officer 24

V. Initiation of Self-Study

Self-Study Preparation Visit by MSCHE Staff 25

Chair's Preliminary Visit 26

VI. Fees and Other Costs 27

Appendix 1:
Mission Statement of the Middle States Commission on Higher Education 28

Appendix 2:
Standards at a Glance 29

Appendix 3:
Evaluation Worksheet 32

I
Overview

Accreditation is the means of self-regulation and peer review adopted by the educational community. Institutions of higher education within the Middle States region joined together in 1919 to form the Commission on Institutions of Higher Education of the Middle States Association of Colleges and Secondary Schools, a professional association devoted to educational improvement through accreditation. Today's successor organization for higher education accreditation is the Middle States Commission on Higher Education.

Middle States' accreditation is an expression of confidence in an institution's mission and goals, its performance, and its resources. Based upon the results of institutional review by peers and colleagues assigned by the Commission, accreditation attests to the judgment of the Middle States Commission on Higher Education that an institution has met the following criteria:

- that it has a mission appropriate to higher education;
- that it is guided by well-defined and appropriate goals, including goals for student learning;
- that it has established conditions and procedures under which its mission and goals can be realized;
- that it assesses both institutional effectiveness and student learning outcomes, and uses the results for improvement;
- that it is accomplishing its mission and goals substantially;
- that it is so organized, staffed, and supported that it can be expected to continue to accomplish its mission and goals; and
- that it meets the eligibility requirements and standards of the Middle States Commission on Higher Education.

Candidacy for Accreditation offers institutions the opportunity to establish an initial, formal, and publicly recognized relationship with a regional accrediting commission. It is a status of affiliation which indicates that an institution appears to be progressing toward (although is not assured of) accreditation. An institution applying for candidacy will demonstrate that it meets fully the Commission's eligibility requirements and that it complies with the standards for accreditation at a minimal (or higher) level.

II
Eligibility Requirements

To be eligible for candidacy status, an institution must first demonstrate that it meets all of the eligibility requirements of the Middle States Commission on Higher Education. (All terminology is used as defined within the accreditation standards, *Characteristics of Excellence in Higher Education*.

An institution applying for Candidacy for Accreditation status will demonstrate that:

1. The institution is authorized to operate as an educational institution and award postsecondary degrees by an appropriate governmental organization within the Middle States region and other agencies as required by each of the jurisdictions or regions in which it operates. Based on review of individual institutional requests, the Commission may determine that degree-granting authority from a U.S. or foreign governmental or other agency outside the Middle States region is an acceptable alternative.

2. The institution's mission is clearly defined and adopted by its governing board, consistent with its legal authorization, and is appropriate to a degree granting institution of higher education.

3. Educational programs within the institution award credit towards postsecondary degrees equivalent to at least one academic year in length.

4. The governing body is able to assure that the institution adheres to the eligibility requirements, describes itself in identical terms to all accrediting agencies, can be reasonably expected to adhere to accreditation standards and policies, communicates any changes in its accredited status, and that it will make freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations.

5. The institution publishes in its catalog or other appropriate places accurate and current information that describes its purposes and objectives, admission requirements and procedures, academic calendars, rules and regulations directly affecting students, programs and courses, degrees offered and the degree requirements, costs and refund policies, grievance procedures, academic credentials of faculty and administrators,

and other items relative to attending the institution and withdrawing from it.

6. The institution devotes a sufficient portion of its income to the support of its educational purposes and programs.

7. The institution complies with applicable interregional policies, such as "Separately Accreditable Institutions" and "Evaluation of Institutions Operating Interregionally."

8. *For those seeking candidacy:* The institution is operational with students actively pursuing its degree programs. *For those seeking initial accreditation:* The institution has graduated students or can demonstrate that the lack of such graduates does not compromise its ability to demonstrate appropriate learning outcomes.

9. The institution provides evidence of basic planning that integrates plans for academic, personnel, information, learning resources, and financial development.

10. The institution documents a funding base, financial resources, and plans for financial development adequate to support its mission and educational programs and to assure financial stability. The institution regularly undergoes and makes available an external audit by a certified public accountant or an audit by an appropriate public audit agency.

11. The institution maintains physical facilities for administration, faculty, students, and programs and services that are appropriate for the institution's mission and educational programs offered.

12. The institution has a functioning governing body responsible for the quality and integrity of the institution and for ensuring that the institution's mission is being carried out. Its membership is sufficient in size and composition to fulfill all governing body responsibilities. The governing body is an independent policy-making body, capable of reflecting constituent and public interest within governance activities and decisions, pursuant to *Characteristics of Excellence*. There is operational a conflict of interest policy for the governing body (and fiduciary body members, if such a body exists), which addresses matters such as remuneration, contractual relationships, employment, family, or financial or other interests that could pose conflicts of interest, and that assures that those interests are disclosed and that they do not interfere with the impartiality of governing board members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution.

13. The institution has a chief executive officer who is appointed by the governing board, whose primary responsibility is to the institution, and who does not serve as the chair of the institution's governing body.

14. The institution has qualified administration and staff and provides the administrative services necessary to support its mission and purpose.

15. The institution has adopted and adheres to admission policies consistent with its mission that specify the qualifications of students appropriate for its programs.

16. The institution provides student services and development programs consistent with student characteristics and its institutional mission.

17. The institution provides sufficient learning and information resources and services to support the nature, scope, and level of the programs offered.

18. The institution's faculty is sufficient in number, background, and experience to support the programs offered and includes a core of faculty with sufficient responsibility to the institution to assure the continuity and coherence of the institution's programs. The institution provides a clear statement of faculty responsibilities including development and review of curriculum as well as assessment of learning.

19. The degree programs are congruent with the institution's mission; they have clearly defined and published objectives; they are based on recognized field(s) of study; they are of sufficient content and length; and they are conducted at levels of quality and rigor appropriate to the degrees offered.

20. The institution's academic programs include a substantial general education component, either as a prerequisite or as clearly defined elements, designed to ensure breadth of knowledge and promote intellectual inquiry.

21. The institution engages in systematic evaluation of student achievement.

22. The institution engages in evaluating systematically how well and in what ways it is accomplishing its purposes, including assessment of student learning and documentation of institutional effectiveness.

In considering whether to grant initial accreditation or candidate status to the institution, the Commission takes into account actions by recognized institutional accrediting organizations that have denied accreditation or candidate ("preaccreditation") status to the institution, placed it on public probationary status, or revoked its accreditation or candidate status. In addition, the Commission takes into account actions by a state agency that has suspended, revoked, or terminated the institution's legal authority to provide postsecondary education. Applicants must list each accrediting organization or state agency that currently accredits the institution, or any of its programs, on the *Application for Candidacy - Supplemental Data Form*.

III
Applying for Candidacy

The application process for Candidacy for Accreditation status is fundamentally a compliance review, which enables an institution to demonstrate to the Middle States Commission on Higher Education that it meets fully the eligibility requirements and meets the standards at a minimal (or higher) level. The application process is divided into two phases. The first phase of the application process consists of the review of the documentation submitted by an institution to demonstrate that it meets the Commission's eligibility requirements and, if it appears that the institution meets the eligibility requirements, a site visit by a Commission staff person. In the second phase of the application process, the institution develops an Applicant Assessment Document, and the Commission conducts an Applicant Assessment Team Visit.

Phase 1 - Eligibility Requirements

This phase of the application process consists of the submission of the following:

- the letter of intent;
- the Supplemental Data Form;
- the institutional responses to the MSCHE eligibility requirements; and
- the additional materials and documentation.

As part of the application process, an institution submits to the executive director of the Middle States Commission on Higher Education a letter of intent that includes at least the following:

- a statement that the institution plans to seek Candidacy for Accreditation status with the Middle States Commission on Higher Education;
- a statement demonstrating that the governing board has authorized the application for candidacy;
- and a declaration that the institution will make freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations.

A completed copy of the ***Application for Candidacy: Supplemental Data Form*** should accompany the letter of intent. A blank data form can be downloaded from the Commission's website at www.msache.org/special.html.

In addition to the letter of intent and the data form, applicants for candidacy must demonstrate that they comply with the MSCHE eligibility requirements. Responses to each of the eligibility requirements outlined in the previous chapter must be accompanied by the materials noted below.

Additional Materials

Two complete sets of all application materials should be submitted to the Commission office. Note: Whenever appropriate, the responses to the eligibility requirements should make specific reference to these documents.

Charter/Authority

➢ Provide evidence (e.g., legal charter and/or Articles of Incorporation) that the institution is authorized to operate as an educational institution and award postsecondary degrees by an appropriate governmental organization within the Middle States region and other agencies as required by each of the jurisdictions or regions in which it operates. The Commission may determine that degree-granting authority from a U.S. or foreign governmental or other agency outside the Middle States region is an acceptable alternative.

Mission Statement

➢ Provide the institution's mission statement and demonstrate how the statement appropriate to an institution of higher education.

Governing Board

- Provide the bylaws or other basic institutional documents identifying the group legally responsible for the institution.
- Describe the structure, authority, and autonomy of the governing board, and make available to the Commission and its representatives clear documentation, including policies and procedures manuals, board and committee procedures, and board and committee minutes. The documentation should describe how the governing board regularly reviews basic policies.
- Provide a list of current governing board members, including the name, affiliation, and occupation of each member; identify those members of the governing board who are remunerated by the institution through salaries, wages or fees; and identify board members who are creditors of the institution, guarantors of institutional debt, or active members of businesses of which the institution is a customer.

Organization and Administration

- Provide the chief executive officer's name and title; give evidence that the CEO was appointed by the governing board; and give the appointment date of the CEO.
- Provide the organizational chart for the institution.
- Provide, for proprietary institutions, institutional procedures for continuity of leadership in the event that the institution is sold, the owner or president dies, etc.

Faculty and Staff

- Profile, by academic program, all full-time, part-time, and adjunct instructional staff currently employed by the institution, on-site and at branch campuses. The data should include the numbers of such employees by race, gender, and ethnicity.
- Provide the name, title, most advanced degree, field of experience, and current teaching load (in hours per week) of each instructional staff person.
- Provide the institution's faculty/staff handbook(s).

Educational Programs and Services

- Identify all educational programs and demonstrate how those programs are linked to the institutional mission; demonstrate that the content of academic programs is appropriate to the collegiate level; identify whether they are undergraduate or graduate programs and the average length of time required by full-time students to complete the program; and describe the graduation requirements.
- Provide information on new or existing programs which are not in the current catalog(s).
- Provide the institution's plan for outcomes assessment, including student learning outcomes and institutional effectiveness, and evidence that the plan is being implemented.

General Education/Liberal Arts

- Provide the institution's current catalog(s) as evidence of the general education offerings.

Admissions

- Provide documents and policy statements (in addition to the catalog) on the institution's admissions philosophy and practices.

Students and Student Services

- Provide a full profile of current students, including their age, gender, and race or ethnicity.
- Provide copies of the institution's student handbook and other documents, addressing students and student-development topics and giving evidence of comprehensive student services, including academic and financial services, and personal, transfer, admissions, and career counseling services.

Library and Other Information Resources

- Describe the nature and breadth of the library/learning resources available on-site as well as at branch campuses;
- Describe how the institution provides for access to and utilization of a broad range of library/learning and other information resources to support its academic programs, learners, and faculty;
- Show how the documentation of resources takes into account all instructional locations and formats;

- Describe the nature and scope of bibliographic instruction, information literacy, and other programs for educating students and faculty in the use of information resources;
- Attach copies of formal agreements with other institutions for the use of their information resources or reference and instructional services.

Income/Expenditures

- Provide the institution's current budget and projections for expenditures and revenues over the next two fiscal years.

Financial Statements

- Provide the institution's two most recent externally-audited financial statements, including management letters, as well as evidence of budgeting procedures, budgets, and ongoing financial planning.

Physical Facilities

- Describe the institution's physical facilities, and list all buildings used for instruction; student housing; and academic, administrative, and student services. Facilities exclusively used to house faculty or administrators need not be included.
- Provide appropriate documentation regarding ownership (titles, mortgages, liens), rental agreements (contracts), and lease agreements (contracts).
- Provide insurance policies currently in force, and describe insurance coverage on the facilities (fire, casualty, and liability).

Review of Responses to Eligibility Requirements and Staff Visit

The Commission staff usually will review the documentation within 30 days and determine whether the materials appear to be complete and whether the institution meets the eligibility requirements. The staff member may request further clarifying information from the institution, if needed.

If the staff decision regarding compliance with the eligibility requirements is positive, the institution will be visited by a member of the Commission staff. The staff member will visit the institution to discuss the remaining application procedures, the Commission's standards for accreditation, and the Commission's expectations for the additional materials that the applicant will prepare. In order to address these topics, the staff member usually meets with the chief executive officer, representative members of the faculty and staff, and

the board of trustees. The visit also should include a tour of the facilities. Within 30 days of this visit, the staff member will inform the institution whether or not the application review process can proceed to Phase 2. The staff person will outline a proposed timeline for the submission of a draft of the Self-Assessment Document and the conduct of the Applicant Assessment Team Visit.

If the staff decision is negative, the staff member will discuss the reasons with the institution in order to determine the appropriate course of action.

Phase 2 - Self-Assessment Document and Team Visit

This phase of the candidacy application process consists of several steps:

- the preparation of the Self-Assessment Document;
- the Applicant Assessment Team Visit;
- the exit interview;
- the Applicant Assessment Team Report;
- the chair's brief;
- the institutional response to the team report; and
- the Commission decision on the Application for Candidate Status.

Self-Assessment Document

The Self-Assessment Document, which is for both institutional and Commission use, should be prepared in consultation with the Commission staff member assigned to the institution. Materials submitted as part of Phase 1 of the application process will provide data and information to assist with the preparation of the Self-Assessment Document. The document should provide an analysis of the institution, using the Commission's fourteen standards for accreditation. It is highly recommended that a draft of the document be prepared for review by Commission staff at least three months prior to the anticipated Applicant Assessment Visit. This will enable Commission staff to offer comments and/or suggestions before the Self-Assessment Document is finalized.

The purpose of this phase of the review process is to help the applicant institution, the Applicant Assessment Team, and the Middle States Commission on Higher Education gauge the extent to which the institution

can demonstrate, or has the potential to demonstrate, that it meets the accreditation standards delineated in *Characteristics of Excellence*. The institution is expected to develop a clear, concise, and analytical document which responds to each of the standards for accreditation and the associated Fundamental Element(s).

The Self-Assessment Document and attachments will include:

- an introductory chapter which presents a brief history and institutional overview;
- current enrollment distribution by program or major;
- five-year enrollment projections, and the assumptions upon which these expectations are based, with distribution by program or major;
- current budget;
- budget projections for expenditures and projected revenues over a five-year period;
- two most recent audited financial statements;
- institutional catalog(s); and
- faculty/staff and student handbooks.

The concluding chapter of the document should offer a clear plan for addressing the issues and improving areas that the institution, through its own self-analysis, has shown to be problematic or not in compliance with the Commission's standards for accreditation.

The Self-Assessment Document should not exceed 75 double- spaced pages. Length, however, is less important than substance; brevity with substance would be ideal.

Applicant Assessment Team Visit

If the Commission staff review of the draft Self-Assessment Document has not identified major concerns, then **three complete sets of the document and the accompanying materials** should be filed with the Commission office, and one set should be sent to each member of the Applicant Assessment Team. A date for the actual assessment visit, which typically takes place over a two-day period, is then confirmed.

Approximately two or three Middle States visitors, plus a member of the Commission's staff, are appointed to make an assessment of the institution to determine its readiness for candidacy. There may be times when the size and/or the complexity of the institution will warrant additional team members. The institution arranges accommodations for the team. On occasion, an

institution may be asked to coordinate travel arrangements for members of the team as well.

In preparation for an assessment visit, team members study an institution's Self-Assessment Document and accompanying materials, *Characteristics of Excellence in Higher Education*, and other Commission policies and procedures related to Candidate for Accreditation status outlined in this document. Team members keep detailed notes on their analysis so that, before arriving on campus, they will have identified major strengths and weaknesses, areas of concern, gaps in information, and other useful areas of inquiry. In consultation with the team chair, the chief executive officer also arranges a schedule for the visit and forwards it to team members and the Commission staff member working with the institution.

A Commission staff member usually accompanies an assessment team, serving as an observer/resource person. The staff member's primary role is to provide orientation for the team and interpretation or clarification of Commission policy.

Members of the Applicant Assessment Team have two primary responsibilities: (1) to verify the institution's compliance with the eligibility requirements, and (2) to assess the extent to which the institution is able to demonstrate that it meets the Commission's standards for accreditation. The team will use the enclosed evaluation worksheet to consider whether the applicant institution has provided sufficient evidence to show that it complies with most, if not all, of the Commission's standards at a minimal (or higher) level. Understanding that candidate status is a developmental period enabling institutions to address areas of concern and weakness, the team will determine the likelihood an institution can make the necessary changes and improvements within the specified period of candidacy.

In regard to each of the Commission's standards for accreditation, the team will use the worksheet in Appendix 3 to consider whether the institution has provided evidence that it:

- meets the accreditation standard
- has demonstrated the potential to meet the accreditation standard
- does not demonstrate the potential to meet the accreditation standard

The team's judgments will be based on the careful examination and analysis of institutional issues, strengths, and limitations presented in the Self-Assessment Document, and the institution's development of a clear and feasible plan to address the areas of concern. The institution must demonstrate that it meets all or nearly all of the accreditation standards at a minimal (or higher) level, and that it continues to meet all of the eligibility requirements.

The work schedule for an assessment visit should allow for maximum contact with appropriate college personnel. Team members usually meet with staff, faculty, students, and members of the governing board. At some time during the visit, the team should tour the facilities.

Exit Interview

Before leaving the campus, the team meets to summarize its findings prior to meeting with college representatives for a brief exit report. The institution is encouraged to invite members of the campus community to attend the exit interview. At this meeting, the team chair presents the team's major observations about the institution's eligibility for candidacy. **Under no circumstances, however, do team members communicate the specific action they will recommend to the Commission.**

Immediately after the visit, assessment team members will use an expense voucher to report all expenses associated with the visit, including travel costs, meals, lodging, and associated expenses. Middle States, in turn, will reimburse each individual's expenses and then bill the institution. Most institutions arrange for hotel expenses to be billed directly to the institution.

Voluntary Withdrawal of Application

It should be noted that at any time after the application has been submitted, and before the Commission has taken action, an institution may voluntarily withdraw its application from the Middle States Commission on Higher Education.

Applicant Assessment Team Report

Within 10 days after the visit, the chair of the visiting team completes a brief draft report on the institution's eligibility for candidate status, its current stage of development, and its potential for attaining accreditation within a maximum of five years. Using the evaluation worksheet described in the previous section, the team report should reference specifically the eligibility requirements and accreditation standards and should include comments on the major limitations and difficulties which the institution is experiencing and the plans it has to overcome those obstacles.

The report is addressed to the institution, and brevity is the key. A few pages are usually sufficient, but the length of the report should not exceed 10 pages. A cover page is attached which identifies the report as "Applicant Assessment Visitors' Report to _____," giving the location of the institution as

well as the date(s) of the visit. The visitors' full names, titles, and institutional affiliations also are indicated.

For ease in reporting, the following format may be used:

I. Introduction

A. Nature and conduct of the visit

B. Background data on institution or brief institutional description

II. Compliance with Eligibility Requirements and Standards for Accreditation

A. Brief statement on the institution's compliance with eligibility criteria

B. Assessment of the institution's compliance with the Commission's standards for accreditation, noting areas in which the institution meets the accreditation standards, demonstrates the potential to meet the accreditation standards, or does not demonstrate the potential to meet the accreditation standards.

C. Observations on the institution's potential for achieving accreditation within the five-year period of candidacy.

III. Summary of Institutional Strengths, Areas of Concern and Recommendations

As indicated earlier, the team chair first sends a draft copy of the assessment report to the institution. The team chair should attempt to submit the draft report to the institution no later than 10 days following the Applicant Assessment Visit. The institution, in turn, should review the draft report for errors of fact only and return it to the team chair within one week. Within 10 days of receiving the institution's corrections, if any, the team chair sends one copy of the final report to the institution and sends **four copies** to the Commission office.

Chair's Brief

The final report does not include the team's recommendation to the Commission regarding candidate status; this is communicated to the Commission in a separate document called the Chair's Brief. If the team recommendation is negative, the Chair's Brief must set forth specific reasons. The Brief may not rely on findings not included in the team report.

Institutional Response to the Assessment Report

An institution has three opportunities for responding to the assessment report:

1. At the time of the exit report, brief informal discussion of major points is possible in order for the representatives of the institution to understand better the findings;

2. When the chair sends a draft copy of the written report to the chief executive officer, the institution is permitted to make corrections of data or factual errors;

3. When the chief executive officer receives the final assessment report, the institution prepares a formal response and sends it to the Commission within one week of receiving the report. This formal response gives the institution a chance to agree or disagree with the team's findings and to provide the Commission with additional relevant information.

Commission Decision on the Application for Candidate Status

When the assessment report, the Chair's Brief, and the formal institutional response have been received, these documents, along with the application materials, are forwarded to the Committee on Follow-up Activities/Candidate Institutions for review and discussion so that the Committee can make a recommendation to the Commission for action.

The process of determining readiness for candidacy status and the decision of the Committee on Follow-up should be completed by **October 15**, for action at the November meeting of the Commission. For action at the February/March meeting, the process should be completed by **December 10**. For action at the June meeting, the process should be completed by **May 1**.

The Commission, after further review and discussion, may take one of the following actions:

- grant Candidate for Accreditation status
- grant Candidate for Accreditation status and invite the institution to initiate self-study (option for an institution that demonstrates that it meets all standards substantially)
- postpone decision regarding Candidate for Accreditation status (option for an institution that shows promise but the assessment team has identified issues of concern, and recommends that the institution be given a specified time period to address those concerns)
- deny Candidate for Accreditation status

The institution will be notified of the Commission's action regarding its application for candidacy. If the decision is to deny Candidate for Accreditation status, the Commission's letter to the institution will set forth the reasons for the action.

Reapplication

An institution not admitted to candidacy by action of the Commission may reapply when it has substantially improved those aspects of its operation identified in the Commission decision as major areas of concern. Ordinarily, reapplication does not occur sooner than two years from the date of the Commission action. The institution should consult the Commission's staff before resubmitting its application materials.

IV
The Candidacy Period

During the candidacy period, both the institution that has been granted the status of Candidate for Accreditation and the consultant are expected to fulfill certain responsibilities. In addition, the Commission has established procedures for reviewing a candidate's status.

Responsibilities of Candidate Institutions

Ordinarily institutions remain in Candidate for Accreditation status for not less than one year but no longer than five years. The final 18 to 24 months of candidacy are spent preparing for the evaluation visit for initial accreditation.

Reference to Candidate Status in Institutional Publications

The following statement must be included in any public description by the institution of its status as a candidate:

> The (Name of Institution) is a candidate for accreditation by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104; (215) 662–5606.
>
> Candidacy for Accreditation is a status of affiliation with a regional accrediting commission which indicates that an institution has achieved initial recognition and is progressing toward, but is not assured of, accreditation. It has provided evidence that it meets all eligibility requirements, that it meets all or nearly all of the Commission's standards for accreditation at a minimal (or higher) level, and that it appears to have the potential for attaining its goals within a reasonable time.

In addition, the institution should indicate the effective date (month and year) when status was granted.

Requirements of Candidates

The Commission usually appoints a single consultant to work with an institution during its candidacy period. The Commission may appoint two consultants if the size, complexity, or issues of an institution warrant this arrangement.

During candidacy, institutions:

- file annually the Institutional Profile, which is required of all member institutions;
- file with the Institutional Profile a copy of the institution's annual external financial audit, including a management letter;
- file a semi-annual interim report with the Commission office on **October 1 and April 1** of each academic year; (The semi-annual interim report should describe significant institutional developments, update the Commission on the plans presented in the institution's assessment document, and address concerns expressed in the Applicant Assessment Team's report. The institution mails one copy of the report to its consultant and **three copies** to the Commission office.)
- host visits by the Commission-appointed consultant twice a year, after the consultant has received the interim reports referred to above. The consultant is accompanied by the Commission staff liaison assigned to the institution at least once each year. An area specialist may, on occasion, accompany the consultant to address issues identified in the assessment report as requiring special attention; and
- undertake a self-study, host an evaluation by a team of peer evaluators, and receive an accreditation decision from the Commission no later than five years from the date when Candidacy for Accreditation status was granted.

The institution's semi-annual interim report and the consultant's report are reviewed by the Commission's Committee on Follow-up Reports/Candidate Institutions. Based on its review of the reports, the Committee formulates a recommendation for consideration by the Middle States Commission on Higher Education.

Appointment and Responsibilities of a Consultant

The appointment of a consultant is made after consultation with the institution, and either the consultant or the institution may request a change in the relationship by contacting the Commission staff.

A consultant's primary responsibility is to be an informed and objective advisor who places professional experience and judgment at the service of an institution, working with it to assure that it has clearly defined and appropriate objectives, that it has appropriate mechanisms for assessing institutional effectiveness and student learning outcomes, that it develops an ongoing planning process, and that it has the resources to continue its work. The consultant is not a problem-solver or a source of immediate answers to an institution's difficulties but, rather, a resource person who can assist in identifying institutional problems and contribute to the search for solutions.

The first task of a consultant is to study an institution's application materials and to understand clearly the nature of the institution, the stage of its development, and the probable length of its candidacy period. The Commission staff member who worked with an institution through its application process will help the consultant establish a foundation for his/her work, will be available for consultation at any time during the candidacy period, and will join the consultant visit at least once a year. As stated earlier, area specialists also may be appointed by Commission staff to bring specialized expertise to the assistance of the institution.

The consultant's work with an institution does not lead to any recommendations to the Commission regarding accreditation. The consultant's professional expertise is addressed directly to the institution and is intended only to aid the institution's development. Accreditation may result from the candidacy period, but it is not the single goal of the consulting relationship.

Consultants also have a direct responsibility to the Commission. By helping an institution to improve, the consultant is contributing to its potential accreditability. The Commission relies on the consultant for judgments on both an institution's progress and its readiness for evaluation. Consultants, therefore, should be thoroughly familiar with *Characteristics of Excellence in Higher Education*, the Commission's primary statement of standards, and also with related self-study handbooks.

A consultant who succeeds in maintaining a healthy balance between an institution's natural concern about accreditation and its deeper interest in

increased educational effectiveness will be serving the best interests of both the institution and the Commission.

Consulting Visits

Consultants' visits ordinarily occur in the fall and spring and usually last one day. One-day visits may begin during the afternoon or evening of the first day and conclude in the afternoon of the second day, or they may be confined entirely to a single day. Two-day visits, if desired by the institution and agreeable to the consultant, may follow the same pattern, beginning on the afternoon or evening of the first day and concluding on the afternoon of the third day, or beginning on the morning of the first day and concluding on the evening of the second day.

The dates for consulting visits are set by the consultant and the chief executive officer of the institution to be visited. Visits should take place shortly after the consultant has received from the president a copy of the institution's interim report to the Commission, filed by **October 1** and **April 1** each academic year. If prior arrangements have not been made, the consultant should contact the president after receiving an interim report. The consultant also should take the initiative in contacting the president and the Commission if the interim report fails to arrive within a reasonable period after the designated dates.

Any additional visits to an institution (beyond the required two each year) must be discussed with the Commission staff, and no private arrangements should exist between an institution and its consultant during the period when this individual serves as the Commission's assigned consultant.

The Consultant's Report

At the conclusion of each visit, the consultant meets with the president and other representatives of the institution to deliver an oral report on his or her observations.

After the visit, the consultant should submit promptly a brief written report in letter or memorandum form to the president of the institution, who should share it as widely as possible within the institution (e.g., with other administrative officers, faculty, and board members). These reports from the consultant generally run three to five pages, although circumstances sometimes warrant longer reports. A copy of the consultant's report should be sent also to the Commission office, accompanied by a completed expense voucher.

An institution's application materials usually provide the focal point for discussions during its consultant's first visit, but the consultant also can explore other areas. The institution's application materials, its subsequent reports, and the consultant's reports should address the same areas, and they will describe the institution's progress through the period of candidacy. As noted, they should not constrain either the institution or the consultant from addressing other areas.

If the consultant wishes to comment in reports to the institution on sensitive or personnel matters, he or she should do so separately in conversation with or in a confidential letter to the president. For example, if in the consultant's judgment, specific staff relationships or staff performances seem inadequate, these matters should be discussed confidentially with the chief executive officer or, in rare instances, with a trustee.

Every consultant's report should contain a disclaimer to the effect that the views expressed represent those of the consultant and not of the Commission. A consultant's report is designed only for use within an institution, not for publication.

The Commission receives copies of these reports, but shares them only with members of the Committee on Follow-up/Candidate Institutions and the Commission on Higher Education. However, if an institution's use of parts of a report misrepresents its status, the Commission reserves the right to make the full report available to the public. If a consultant must be replaced for any reason during the course of his or her relationship with an institution or if its candidate status must be reviewed, the Commission sends confidential copies of all reports to the new consultant or to the status review visitors.

Review of Candidate Status

A candidate institution's interim reports and the reports from its consultant should provide cumulative evidence that the institution is progressing satisfactorily toward accreditation. If evidence of such progress is lacking or if the conditions on which the institution was admitted to candidacy are significantly altered, then the Commission may remove an institution from Candidate for Accreditation status, after notice and in accordance with the Commission's own procedures.

The Status Review Visit

If the candidate institution does not progress satisfactorily towards accreditation, or if the operations or status of the institution have changed significantly, the Commission may appoint a small team to visit the campus in

order to review the institution's status. (See the Commission's *Substantive Change* policy for further information.)

In preparation for the visit, status review visitors read the Self-Assessment Document originally submitted by the institution, the interim reports it has subsequently filed, the consultant's reports, and any other relevant materials supplied by the institution or by the Commission office. Before arriving on campus, team members should identify major discrepancies between the institution's original plans and its progress to date. In consultation with the chief executive officer of the institution, the chair of the status review team arranges a schedule for the visit and communicates it to team members and to the Commission staff member working with the institution. The institution arranges accommodations for the visit if necessary.

The work schedule for a status review visit should allow for maximum contact with appropriate college personnel. After a preliminary team orientation session, team members meet with major administrators, faculty and students, members of the governing board, sponsors, and any other related groups. Before leaving the campus, the team members meet to summarize their findings. They then meet with college representatives for a brief exit report; the chair presents the team's major observations, but does not reveal the team's recommendation to the Commission.

Immediately after the status review visit, the visitors report to the Commission all their expenses for travel, meals, lodging, and other items associated with the visit, using the expense voucher provided. The Commission bills the institution for those expenses.

Within a week of the visit, the chair sends to the chief executive officer a draft of the team's written report of the team's findings concerning the progress of the institution in the context of its application materials and interim reports. All major aspects of the institution should be addressed. The length of the report will vary according to institutional circumstances, but a maximum of 10 pages is suggested. The chief executive officer reviews this draft for factual errors only.

As soon as the corrected draft is returned to the chair, the chair prepares a final report and sends copies to the institution and to the Commission. In a separate cover letter to the Commission, the chair recommends specific action regarding candidate status.

Shortly after receiving the final report, the chief executive officer sends to the Commission the institution's formal response, agreeing or disagreeing with the team's findings.

The status review report, the team's recommendation, and the institutional response are reviewed by the Committee on Follow-up Activities/Candidate

Institutions and then by the full Commission, which may take one of the following actions:

- to reaffirm Candidate for Accreditation status; or
- to require an institution to show cause, within a limited period, as to why its Candidate for Accreditation status should not be removed.

If the Commission acts to remove candidacy subsequent to a show cause procedure, or if the institution no longer meets the Commission's eligibility requirements, then the Commission will remove the institution from the Commission's list of Candidates for Accreditation.

Loss of Candidate Status

An institution that is removed from candidacy may not ordinarily reapply for at least two years from the date of Commission action. Cases of voluntary withdrawal will be handled individually.

Accreditation Liaison Officer

To facilitate communication with the Commission after an institution has been granted candidacy, the chief executive officer should designate a member of the institution's staff to serve as Accreditation Liaison Officer (ALO). The ALO will receive copies of all policy changes issued by the Commission and also will coordinate the filing of all institutional reports with the Commission. After candidacy, if the institution is accredited by the Commission, the institution is expected to continue the practice of appointing an ALO.

V
Initiation of Self-Study

A request to the Commission for permission to begin self-study, and to prepare for an evaluation for initial accreditation, should be made jointly by the institution and the consultant, in consultation with the Commission staff. The self-study process is formally initiated following an action taken by the Middle States Commission on Higher Education at its November, February/March, or June meeting.

Once the Commission has invited the candidate institution to initiate self-study, the consultant's relationship to the institution ends. The staff member will be available to counsel the institution throughout the self-study process, and the institution will be invited to send representatives to the Commission's annual Self-Study Institute.

A Candidate for Accreditation may be considered for initial accreditation at any time within the five-year period of candidacy, provided that it has graduated at least one class which has completed its full degree program. The evaluation visit will not occur until this first graduation has taken place, unless the institution can demonstrate to the satisfaction of the Commission that the lack of graduates does not compromise its ability to demonstrate appropriate learning outcomes. After a candidate institution formally begins the self-study period it is no longer required to submit interim reports to the Commission.

Self-Study Preparation Visit by MSCHE Staff

Approximately 18 to 24 months prior to the evaluation visit for initial accreditation, the Commission staff liaison contacts the institution to arrange for an on-campus visit. The primary purpose of this visit is to help the institution prepare for self-study and the evaluation visit for initial accreditation.

During the visit, the Commission staff member meets with the chief executive officer, other staff officers, the self-study steering committee, representative members of the faculty, students, and the governing board. The visiting staff member is not an evaluator. The visit provides an opportunity for staff to

become better acquainted with the institution and to establish and maintain a professional relationship during the self-study process. By learning more about the institution and its operations, the staff member will be better able to assist the institution in finding the most appropriate means of addressing relevant issues, to provide expertise on the Commission's policies and procedures and the institution's preparations for self-study, and to discuss the self-study with various groups that will have crucial roles throughout the process.

The Commission sponsors an annual Self-Study Institute, which prepares institutions for self-study and provides another opportunity for early contact between staff and the institution. Representatives of institutions that are preparing to design a self-study are expected to participate.

Typically, the next point of contact between staff and the institution occurs when the staff person identifies an appropriate team chair and team members. Once a final team roster has been established and approved, most of the final preparations for the visit occur directly between the institution and the team chair.

Chair's Preliminary Visit

At least three months prior to the scheduled evaluation visit for initial accreditation, the team chair will conduct a one-day preliminary visit to the institution. (On occasion, the size, complexity, or geographic location of the institution may necessitate a longer visit.) The primary goals of the preliminary visit are to assist the institution in understanding how the team will operate and to assist the team chair in planning how best to deploy the team.

During the preliminary visit, the team chair should have the opportunity to tour the campus and meet with representative members of the campus community, including the self-study steering committee. In addition, the visit will enable the team chair and the institution to reach a full understanding of the nature of the team assignments and of the contributions each person will be expected to make to the final evaluation report. The Commission expects either the team chair, the host institution, or both to confirm that the team suits the institution's self-study plan and that no one who has been assigned to the team has any known conflict of interest. For a more detailed discussion of the team chair's and the institution's responsibilities during the preliminary visit, and the evaluation visit for initial accreditation, please refer to the appropriate handbook for conducting and hosting an evaluation visit.

VI
Fees and Other Costs

Please review the Commission's *Schedule of Dues and Fees* for specific fees associated with the various stages of the application process and candidacy listed below. The *Schedule*, which is available online at www.msache.org/pubs.html, includes fees for:

- Application Review
- Staff Visit Following Review of Application
- Applicant Assessment Team Visit
- Semi-annual Visits of Consultant During the Candidacy Period
- Candidate Status Review Visit
- Chair's Preliminary Visit

Financial Support of MSCHE Activities

The Commission's financial support comes from two sources: annual dues and fees paid by member and candidate institutions of higher education, and fees and charges for special services. Dues and fees also support the general activities of the Middle States Association. Each institution's financial support helps to sustain an independent non-governmental accrediting process, encouraging the improvement of higher education and the freedom of institutions to participate in the development of policies and procedures that foster educational excellence.

Charges and processing fees for various services are planned to cover the actual costs of the services, including staff travel and overhead. Staff members ordinarily make one visit to an institution at the beginning of its self-study related to an impending evaluation. If staff make a second visit, the institution will be billed for travel costs. All staff overseas visits are billed at cost.

All fees, charges, and travel reimbursements are billed by and payable to the Middle States Association. No fees or reimbursements are to be paid by an institution directly to evaluators, consultants, or other representatives.

Appendix 1
Mission Statement

Middle States Commission on Higher Education

The Middle States Commission on Higher Education is a voluntary, non-governmental, peer-based membership association dedicated to educational excellence and improvement through peer evaluation and accreditation. As a recognized leader in promoting and ensuring quality assurance and improvement in higher education, the Commission defines, maintains, and promotes educational excellence and responds creatively to a diverse, dynamic, global higher education community that is continually evolving.

The Commission supports its members in their quest for excellence and provides assurance to the general public that accredited member institutions meet its standards. The Commission achieves its purposes through assessment, peer evaluation, consultation, information gathering and sharing, cooperation, and appropriate educational activities. The Commission is committed to the principles of cooperation, flexibility, openness, and responsiveness to the needs of society and the higher education community

Appendix 2
Standards at a Glance

[From *Characteristics of Excellence in Higher Education* (2002)]

Institutional Context

Standard 1: Mission, Goals, and Objectives

The institution's mission clearly defines its purpose within the context of higher education and explains whom the institution serves and what it intends to accomplish. The institution's stated goals and objectives, consistent with the aspirations and expectations of higher education, clearly specify how the institution will fulfill its mission. The mission, goals, and objectives are developed and recognized by the institution with its members and its governing body and are utilized to develop and shape its programs and practices and to evaluate its effectiveness.

Standard 2: Planning, Resource Allocation, and Institutional Renewal

An institution conducts ongoing planning and resource allocation based on its mission and uses the results of its assessment activities for institutional renewal. Implementation and subsequent evaluation of the success of the strategic plan and resource allocation support the development and change necessary to improve and to maintain institutional quality.

Standard 3: Institutional Resources

The human, financial, technical, physical facilities, and other resources necessary to achieve an institution's mission and goals are available and accessible. In the context of the institution's mission, the effective and efficient uses of the institution's resources are analyzed as part of ongoing outcomes assessment.

Standard 4: Leadership and Governance

The institution's system of governance clearly defines the roles of institutional constituencies in policy development and decision-making. The governance structure includes an active governing body with sufficient autonomy to assure institutional integrity and to fulfill its responsibilities of policy and resource development, consistent with the mission of the institution.

Standard 5: Administration

The institution's administrative structure and services facilitate learning and research/scholarship, foster quality improvement, and support the institution's organization and governance.

Standard 6: Integrity

In the conduct of its programs and activities involving the public and the constituencies it serves, the institution demonstrates adherence to ethical standards and its own stated policies, providing support to academic and intellectual freedom.

Standard 7: Institutional Assessment

The institution has developed and implemented an assessment plan and process that evaluates its overall effectiveness in: achieving its mission and goals; implementing planning, resource allocation, and institutional renewal processes; using institutional resources efficiently; providing leadership and governance; providing administrative structures and services; demonstrating institutional integrity; and assuring that institutional processes and resources support appropriate learning and other outcomes for its students and graduates.

Educational Effectiveness

Standard 8: Student Admissions

The institution seeks to admit students whose interests, goals, and abilities are congruent with its mission.

Standard 9: Student Support Services

The institution provides student support services reasonably necessary to enable each student to achieve the institution's goals for students.

Standard 10: Faculty

The institution's instructional, research, and service programs are devised, developed, monitored, and supported by qualified professionals.

Standard 11: Educational Offerings

The institution's educational offerings display academic content, rigor, and coherence that are appropriate to its higher education mission. The institution identifies student learning goals and objectives, including knowledge and skills, for its educational offerings.

Standard 12: General Education

The institution's curricula are designed so that students acquire and demonstrate college-level proficiency in general education and essential skills, including oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, technological competency, and information literacy.

Standard 13: Related Educational Activities

Institutional programs or activities that are characterized by particular content, focus, location, mode of delivery, or sponsorship meet appropriate standards.

Standard 14: Assessment of Student Learning

Assessment of student learning demonstrates that the institution's students have knowledge, skills, and competencies consistent with institutional goals and that students at graduation have achieved appropriate higher education goals.

Appendix 3

Middle States Commission on Higher Education: Applicant Assessment Visit

Evaluation Worksheet

Standards for Accreditation	Meets the Standard	Demonstrates Potential To Meet the Standard	Does Not Demonstrate Potential to Meet the Standard	Comments
1. Mission, Goals and Objectives				
2. Planning, Resource Allocation, and Institutional Renewal				
3. Institutional Resources				
4. Leadership and Governance				
5. Administration				
6. Integrity				
7. Institutional Assessment				

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Middle States Commission on Higher Education: Applicant Assessment Visit

Evaluation Worksheet

Standards for Accreditation	Meets the Standard	Demonstrates Potential To Meet the Standard	Does Not Demonstrate Potential To Meet the Standard	Comments
8. Student Admissions				
9. Student Support Services				
10. Faculty				
11. Educational Offerings				
12. General Education				
13. Related Educational Activities				
14. Assessment of Student Learning				

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